

Premiums and Contact Information

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Comparison of health plan benefits offered for 2004

TYPE	PREFERRED PROVIDER ORGANIZATION		TRADITIONAL HMO	
	To receive the higher level of benefits, subscribers should choose an in-network provider.		All care must be directed by a primary care physician by the HMO.	
PLAN	SHP ECONOMY PLAN	SHP STANDARD PLAN	COMPANION HMO	
SERVICE AREAS	♦ Coverage worldwide	♦ Coverage worldwide	♦ Service areas: 3, 4, 5, 6, 7, 8, 9, 10, 11, 12	
ACTIVE EMPLOYEE MONTHLY PREMIUMS	Employee only: \$ 66.48 Employee/spouse: \$170.12 Employee/children: \$ 96.10 Full family: \$206.20	\$ 69.50 \$189.58 \$106.52 \$234.68	\$ 77.08 \$218.46 \$179.36 \$382.86	
ANNUAL DEDUCTIBLE	Single \$500 Family \$1,000	\$350 \$700	None	
HOSPITALIZATION/ EMERGENCYCARE	Outpatient hospital: \$75 per-occurrence deductible Emergency care: \$125 per-occurrence deductible	Outpatient hospital: \$75 per-occurrence deductible Emergency care: \$125 per-occurrence deductible	Inpatient: \$200 copay Outpatient: \$75 copay/first 3 visits Emergency care: \$75 copay	
COINSURANCE	In-network Out-of-network Plan pays 75% Plan pays 55% You pay 25% You pay 45%	In-network Out-of-network Plan pays 80% Plan pays 60% You pay 20% You pay 40%	HMO pays 90% after copays You pay 10%	
COINSURANCE MAXIMUM	\$2,000 \$4,000 (excludes deductible)	\$2,000 \$4,000 (excludes deductible)	\$1,500 \$3,000 (excludes copays)	
PHYSICIAN VISITS	\$10 per visit deductible then: In-network Out-of-network Plan pays 75% Plan pays 55% You pay 25% You pay 45%	\$10 per visit deductible then: In-network Out-of-network Plan pays 80% Plan pays 60% You pay 20% You pay 40%	\$15 PCP copayment \$15 OB/GYN well woman exam \$25 specialist copay \$35 urgent care copay	
PRESCRIPTION DRUGS	Participating pharmacies only: \$10 generic \$25 preferred brand \$40 nonpreferred brand (up to 31-day supply) Mail-order (up to 90-day supply): \$23 generic, \$56 preferred brand; \$90 non-preferred brand Copayment Max: \$2,500	Participating pharmacies only: \$10 generic \$25 preferred brand \$40 nonpreferred brand (up to 31-day supply) Mail-order (up to 90-day supply): \$23 generic, \$56 preferred brand; \$90 non-preferred brand Copayment Max: \$2,500	Participating pharmacies only (Generics First) no copayment max: \$7 generic \$25 preferred brand \$40 nonpreferred brand \$75 specialty pharmaceuticals (31-day supply) Mail-order (up to 90-day supply): \$21 generic; \$75 preferred brand; \$120 non-preferred brand	
MENTAL HEALTH/ SUBSTANCE ABUSE	Participating providers only. Call 1-800-221-8699. Subject to above deductibles and coinsurance.	Participating providers only. Call 1-800-221-8699. Subject to above deductibles and coinsurance.	Participating providers only. Call 1-800-868-1032. Inpatient: \$200 copay, then 90% covered; Outpatient: \$25 specialist copay	
LIFETIME MAXIMUM	\$1,000,000	\$1,000,000	\$1,000,000	

Comparison of health plan benefits offered for 2004

		HMO WITH POINT OF SERVICE (POS) OPTION			
Primary care physician (PCP) and approved		To receive the higher level of benefits, care must be directed by a primary care physician (PCP) and approved by the HMO. Medically necessary benefits are available out-of-network at a lower benefit level.			
	CIGNA HMO	COMPANION-CHOICES POS		MUSC Options	
	♦ Service areas: 1, 2, 3, 5, 7, 8, 9, 10, 11, 12	♦ Service areas: 1, 2		♦ Service area: 11	
	\$ 74.56 \$213.10 \$175.10 \$375.62	\$ 86.10 \$238.38 \$195.08 \$410.08		\$ 72.28 \$194.68 \$143.36 \$296.08	
	None	In-network None	Out-of-network \$500 per individual	In-network None	Out-of-network \$300 \$900
	Inpatient: \$500 copay Outpatient facility: \$250 copay Emergency care: \$100 copay	Inpatient: \$200 copay Outpatient Surgery: \$75 copay/first 3 visits Emergency care: \$75 copay	Inpatient: \$250 copay Outpatient Surgery: \$125 copay Emergency care: \$75 copay	Inpatient: \$300 copay Outpatient Facility: \$100 copay Emergency care: \$100 copay	Annual deductibles for inpatient and outpatient care Emergency care: \$100 copay
	HMO pays 80% after copays You pay 20%	HMO pays 90% after copays; You pay 10%	HMO pays 70% after deductible and copays	HMO pays 100% after copays	HMO pays 60% of allowance You pay 40%
	\$3,000 (includes inpatient, \$6,000 outpatient copays & co-insurance)	\$1,500 \$3,000 (excludes copays)	\$3,000 (excludes copays and deductible) \$6,000	N/A	\$3,000 \$9,000 (excludes deductibles)
	\$20 PCP copayment \$40 OB/GYN well woman exam \$40 specialist copay	\$15 PCP copay \$15 OB/GYN well woman exam \$25 specialist copay \$35 urgent care copay	Coinsurance: HMO pays 70% of allowance after annual deductible You pay 30%	\$15 PCP copay \$15 OB/GYN well woman exam \$25 specialist copay with referral \$45 specialist copay without referral	Coinsurance: HMO pays 60% of allowance after annual deductible You pay 40% No preventive care benefits out-of-network
	Participating pharmacies only: \$10 generic \$20 preferred brand \$50 nonpreferred brand (30-day supply) Mail-order (up to 90-day supply): \$20 generic; \$40 preferred brand name; \$100 non-preferred brand name No copayment max	Participating pharmacies only (Generics First): \$7 generic \$25 preferred brand \$40 nonpreferred brand \$75 specialty pharmaceuticals (31-day supply) Mail-order (up to 90-day supply): \$21 generic; \$75 preferred brand name; \$120 non-preferred brand name; No copayment max		Participating pharmacies only: \$10 generic \$25 preferred brand \$40 nonpreferred brand (31 day supply) Mail-order available (90-day supply): \$15 generic, \$50 preferred brand, \$80 non-preferred brand No copayment max	
	Participating providers only. Inpatient: \$500 copay, then 80% covered Outpatient: \$40 specialist copay	Participating providers only. Call 1-800-868-1032. Inpatient: \$200 copay, then 90% covered Outpatient: \$25 specialist copay		Inpatient: \$300 copay Outpatient: \$25 copay with referral, \$45 copay without referral	HMO pays 60% of allowance after annual deductible
	\$1,000,000	\$1,000,000		\$1,000,000	

2004 Active Employee Monthly Premiums¹
State Health Plan

	ECONOMY	STANDARD	COMPANION	CIGNA	MUSC OPTIONS	CHOICES	DENTAL	DENTAL PLUS
Employee	\$ 66.48	\$ 69.50	\$ 77.08	\$ 74.56	\$ 72.28	\$ 86.10	\$ 0.00	\$17.50
Employee/spouse	\$170.12	\$189.58	\$218.46	\$213.10	\$194.68	\$238.38	\$ 7.64	\$33.14
Employee/children	\$ 96.10	\$106.52	\$179.36	\$175.10	\$143.36	\$195.08	\$13.72	\$36.16
Full family	\$206.20	\$234.68	\$382.86	\$375.62	\$296.08	\$410.08	\$21.34	\$51.80

¹Rates for employees of local subdivisions may vary. To verify your rates, contact your benefits office.

2004 Regular Retiree (State-Funded Benefits) Monthly Premiums¹
(Retiree entitled to Medicare/spouse entitled to Medicare)

	ECONOMY	STANDARD	SUPPLEMENTAL²	COMPANION	CIGNA	MUSC OPTIONS	CHOICES	DENTAL	DENTAL PLUS
Retiree	N/A	\$ 54.78	\$ 72.78	\$ 77.08	\$ 74.56	N/A	\$ 86.10	\$ 0.00	\$17.50
Retiree/spouse	N/A	\$162.52	\$198.52	\$218.46	\$213.10	N/A	\$238.38	\$ 7.64	\$33.14
Retiree/children	N/A	\$ 91.80	\$109.80	\$179.36	\$175.10	N/A	\$195.08	\$13.72	\$36.16
Full family	N/A	\$199.54	\$235.54	\$382.86	\$375.62	N/A	\$410.08	\$21.34	\$51.80

(Retiree entitled to Medicare/spouse not entitled to Medicare)

	ECONOMY	STANDARD	SUPPLEMENTAL²	COMPANION	CIGNA	MUSC OPTIONS	CHOICES	DENTAL	DENTAL PLUS
Retiree/spouse	N/A	\$174.86	\$192.86	\$218.46	\$213.10	N/A	\$238.38	\$ 7.64	\$33.14
Full family	N/A	\$219.96	\$237.96	\$382.86	\$375.62	N/A	\$410.08	\$21.34	\$51.80

(Retiree not entitled to Medicare/spouse entitled to Medicare)

	ECONOMY	STANDARD	SUPPLEMENTAL²	COMPANION	CIGNA	MUSC OPTIONS	CHOICES	DENTAL	DENTAL PLUS
Retiree/spouse	N/A	\$177.24	\$195.24	\$218.46	\$213.10	N/A	\$238.38	\$ 7.64	\$33.14
Full family	N/A	\$214.26	\$232.26	\$382.86	\$375.62	N/A	\$410.08	\$21.34	\$51.80

(Retiree not entitled to Medicare/spouse not entitled to Medicare)

	ECONOMY	STANDARD	SUPPLEMENTAL²	COMPANION	CIGNA	MUSC OPTIONS	CHOICES	DENTAL	DENTAL PLUS
Retiree	\$ 66.48	\$ 69.50	N/A	\$ 77.08	\$ 74.56	\$ 72.28	\$ 86.10	\$ 0.00	\$17.50
Retiree/spouse	\$170.12	\$189.58	N/A	\$218.46	\$213.10	\$194.68	\$238.38	\$ 7.64	\$33.14
Retiree/children	\$ 96.10	\$106.52	N/A	\$179.36	\$175.10	\$143.36	\$195.08	\$13.72	\$36.16
Full family	\$206.20	\$234.68	N/A	\$382.86	\$375.62	\$296.08	\$410.08	\$21.34	\$51.80

(Retiree not entitled to Medicare/spouse not entitled to Medicare/one or more children entitled to Medicare)

	ECONOMY	STANDARD	SUPPLEMENTAL²	COMPANION	CIGNA	MUSC OPTIONS	CHOICES	DENTAL	DENTAL PLUS
Retiree/children	N/A	\$106.52	\$124.52	\$179.36	\$175.10	N/A	\$195.08	\$13.72	\$36.16
Full family	N/A	\$234.68	\$252.68	\$382.86	\$375.62	N/A	\$410.08	\$21.34	\$51.80

¹Rates for local subdivisions may vary. To verify your rates, contact your benefits office.

²If the Medicare Supplemental plan is elected, claims for covered subscribers not entitled to Medicare will be based on the Standard plan provisions.

2004 Retiree Full Cost (non-funded) Monthly Premiums¹

(Retiree entitled to Medicare/spouse entitled to Medicare)

	ECONOMY	STANDARD	SUPPLEMENTAL²	COMPANION	CIGNA	MUSC OPTIONS	CHOICES	DENTAL	DENTAL PLUS
Retiree	N/A	\$261.48	\$279.48	\$283.78	\$281.26	N/A	\$292.80	\$11.71	\$17.50
Retiree/spouse	N/A	\$566.64	\$602.64	\$622.58	\$617.22	N/A	\$642.50	\$19.35	\$33.14
Retiree/children	N/A	\$404.40	\$422.40	\$491.96	\$487.70	N/A	\$507.68	\$25.43	\$36.16
Full family	N/A	\$666.26	\$702.26	\$849.58	\$842.34	N/A	\$876.80	\$33.05	\$51.80

(Retiree entitled to Medicare/spouse not entitled to Medicare)

	ECONOMY	STANDARD	SUPPLEMENTAL²	COMPANION	CIGNA	MUSC OPTIONS	CHOICES	DENTAL	DENTAL PLUS
Retiree/spouse	N/A	\$578.98	\$596.98	\$622.58	\$617.22	N/A	\$642.50	\$19.35	\$33.14
Full family	N/A	\$686.68	\$704.68	\$849.58	\$842.34	N/A	\$876.80	\$33.05	\$51.80

(Retiree not entitled to Medicare/spouse entitled to Medicare)

	ECONOMY	STANDARD	SUPPLEMENTAL²	COMPANION	CIGNA	MUSC OPTIONS	CHOICES	DENTAL	DENTAL PLUS
Retiree/spouse	N/A	\$581.36	\$599.36	\$622.58	\$617.22	N/A	\$642.50	\$19.35	\$33.14
Full family	N/A	\$680.96	\$698.98	\$849.58	\$842.34	N/A	\$876.80	\$33.05	\$51.80

(Retiree not entitled to Medicare/spouse not entitled to Medicare)

	ECONOMY	STANDARD	SUPPLEMENTAL²	COMPANION	CIGNA	MUSC OPTIONS	CHOICES	DENTAL	DENTAL PLUS
Retiree	\$273.18	\$276.20	N/A	\$283.78	\$281.26	\$278.98	\$292.80	\$11.71	\$17.50
Retiree/spouse	\$574.24	\$593.70	N/A	\$622.58	\$617.22	\$598.80	\$642.50	\$19.35	\$33.14
Retiree/children	\$408.70	\$419.12	N/A	\$491.96	\$487.70	\$455.96	\$507.68	\$25.43	\$36.16
Full family	\$672.92	\$701.40	N/A	\$849.58	\$842.34	\$762.80	\$876.80	\$33.05	\$51.80

(Retiree not entitled to Medicare/spouse not entitled to Medicare/one or more children entitled to Medicare)

	ECONOMY	STANDARD	SUPPLEMENTAL²	COMPANION	CIGNA	MUSC OPTIONS	CHOICES	DENTAL	DENTAL PLUS
Retiree/children	N/A	\$419.12	\$437.12	\$491.96	\$487.70	N/A	\$507.68	\$25.43	\$36.16
Full family	N/A	\$701.40	\$719.40	\$849.58	\$842.34	N/A	\$876.80	\$33.05	\$51.80

¹Rates for local subdivisions may vary. To verify your rates, contact your benefits office.

²If the Medicare Supplemental plan is elected, claims for covered subscribers not entitled to Medicare will be based on the Standard plan provisions.

2004 COBRA Monthly Premiums

18 and 36 months

	ECONOMY	STANDARD	COMPANION	CIGNA	MUSC OPTIONS	CHOICES	DENTAL	DENTAL PLUS
Subscriber only	\$278.64	\$281.72	\$289.46	\$286.89	\$284.56	\$298.66	\$11.94	\$17.85
Subscriber/spouse	\$585.72	\$605.57	\$635.03	\$629.56	\$610.78	\$655.35	\$19.74	\$33.80
Subscriber/children	\$416.87	\$427.50	\$501.80	\$497.45	\$465.08	\$517.83	\$25.94	\$36.88
Family	\$686.38	\$715.43	\$866.57	\$859.19	\$778.06	\$894.34	\$33.71	\$52.84
Children (to age 18)	\$138.23	\$145.78	\$212.34	\$210.57	\$180.52	\$219.18	\$13.99	\$19.03

29 months (These rates go into effect in the 19th month of coverage for 29-month COBRA subscribers.)

	ECONOMY	STANDARD	COMPANION	CIGNA	MUSC OPTIONS	CHOICES	DENTAL	DENTAL PLUS
Subscriber only	\$ 409.77	\$ 414.30	\$ 425.67	\$ 421.89	\$ 418.47	\$ 439.20	\$11.94	\$17.85
Subscriber/spouse	\$ 861.36	\$ 890.55	\$ 933.87	\$ 925.83	\$ 898.20	\$ 963.75	\$19.74	\$33.80
Subscriber/children	\$ 613.05	\$ 628.68	\$ 737.94	\$ 731.55	\$ 683.94	\$ 761.52	\$25.94	\$36.88
Family	\$1,009.38	\$1,052.10	\$1,274.37	\$1,263.51	\$1,144.20	\$1,315.20	\$33.71	\$52.84
Children (to age 18)	\$ 203.28	\$ 214.38	\$ 312.27	\$ 309.66	\$ 265.47	\$ 322.32	\$13.99	\$19.03

2004 Survivor Monthly Premiums¹
(Spouse entitled to Medicare/children entitled to Medicare)

	ECONOMY	STANDARD	SUPPLEMENTAL²	COMPANION	CIGNA	MUSC OPTIONS	CHOICES	DENTAL	DENTAL PLUS
Spouse	N/A	\$261.48	\$279.48	\$283.78	\$281.26	N/A	\$292.80	\$11.71	\$17.50
Spouse/children	N/A	\$404.40	\$440.40	\$491.96	\$487.70	N/A	\$507.68	\$25.43	\$36.16
Children only	N/A	\$142.92	\$160.92 ³	\$208.18	\$206.44	N/A	\$214.88	\$13.72	\$18.66

(Spouse entitled to Medicare/children not entitled to Medicare)

	ECONOMY	STANDARD	SUPPLEMENTAL²	COMPANION	CIGNA	MUSC OPTIONS	CHOICES	DENTAL	DENTAL PLUS
Spouse	N/A	\$261.48	\$279.48	\$283.78	\$281.26	N/A	\$292.80	\$11.71	\$17.50
Spouse/children	N/A	\$404.40	\$422.40	\$491.96	\$487.70	N/A	\$507.68	\$25.43	\$36.16
Children only	\$135.52	\$142.92	N/A	\$208.18	\$206.44	\$176.98	\$214.88	\$13.72	\$18.66

(Spouse not entitled to Medicare/children entitled to Medicare)

	ECONOMY	STANDARD	SUPPLEMENTAL²	COMPANION	CIGNA	MUSC OPTIONS	CHOICES	DENTAL	DENTAL PLUS
Spouse	\$273.18	\$276.20	N/A	\$283.78	\$281.26	\$278.98	\$292.80	\$11.71	\$17.50
Spouse/children	N/A	\$419.12	\$437.12	\$491.96	\$487.70	N/A	\$507.68	\$25.43	\$36.16
Children only	N/A	\$142.92	\$160.92 ³	\$208.18	\$206.44	N/A	\$214.88	\$13.72	\$18.66

(Spouse not entitled to Medicare/children not entitled to Medicare)

	ECONOMY	STANDARD	SUPPLEMENTAL²	COMPANION	CIGNA	MUSC OPTIONS	CHOICES	DENTAL	DENTAL PLUS
Spouse	\$273.18	\$276.20	N/A	\$283.78	\$281.26	\$278.98	\$292.80	\$11.71	\$17.50
Spouse/children	\$408.70	\$419.12	N/A	\$491.96	\$487.70	\$455.96	\$507.68	\$25.43	\$36.16
Children only	\$135.52	\$142.92	N/A	\$208.18	\$206.44	\$176.98	\$214.88	\$13.72	\$18.66

¹Plan premiums for spouses and dependents will be waived for one year after the death of the funded employee or retiree for those covered as dependents under the Plan at the time of death.

²If the Medicare Supplemental plan is elected, claims for covered subscribers not entitled to Medicare will be based on the Standard plan provisions.

³This premium applies only if one or more children are entitled to Medicare.

2004 Monthly Insurance Rates for Part-time Teachers

Health

Category I. 15-19 Hours

COVERAGE LEVEL							Employer	Employee	Employer
	Economy	Standard	Companion	CIGNA	MUSC	Choices		TRICARE Supplement	TRICARE Supplement
Employee	\$169.84	\$172.86	\$180.44	\$177.92	\$175.64	\$189.46	\$103.35	\$ 0.00	\$ 63.50
Employee/spouse	\$372.18	\$391.64	\$420.52	\$415.16	\$396.74	\$440.44	\$ 202.06	\$ 0.00	\$122.50
Employee/children	\$252.40	\$262.82	\$335.66	\$331.40	\$299.66	\$351.38	\$156.30	\$ 0.00	\$122.50
Full family	\$439.56	\$468.04	\$616.22	\$608.98	\$529.44	\$643.44	\$233.36	\$ 0.00	\$163.50

Category II. 20-24 Hours

COVERAGE LEVEL							Employer	Employee	Employer
	Economy	Standard	Companion	CIGNA	MUSC	Choices		TRICARE Supplement	TRICARE Supplement
Employee	\$134.70	\$137.72	\$145.30	\$142.78	\$140.50	\$154.32	\$138.49	\$ 0.00	\$ 63.50
Employee/spouse	\$303.48	\$322.94	\$351.82	\$346.46	\$328.04	\$371.74	\$ 270.76	\$ 0.00	\$122.50
Employee/children	\$199.26	\$209.68	\$282.52	\$278.26	\$246.52	\$298.24	\$209.44	\$ 0.00	\$122.50
Full family	\$360.22	\$388.70	\$536.88	\$529.64	\$450.10	\$564.10	\$312.70	\$ 0.00	\$163.50

Category III. 25-29 Hours

COVERAGE LEVEL							Employer	Employee	Employer
	Economy	Standard	Companion	CIGNA	MUSC	Choices		TRICARE Supplement	TRICARE Supplement
Employee	\$101.62	\$104.64	\$112.22	\$106.70	\$107.42	\$121.24	\$171.56	\$ 0.00	\$ 63.50
Employee/spouse	\$238.82	\$258.28	\$287.16	\$281.80	\$263.38	\$307.08	\$ 335.42	\$ 0.00	\$122.50
Employee/children	\$149.24	\$159.66	\$232.50	\$228.24	\$196.50	\$248.22	\$259.46	\$ 0.00	\$122.50
Full family	\$285.54	\$314.02	\$462.20	\$454.96	\$375.42	\$489.42	\$387.38	\$ 0.00	\$163.50

Dental

COVERAGE LEVEL	Category I. 15-19 Hours			Category II. 20-24 Hours			Category III. 25-29 Hours		
	Employee	Employer	Dental Plus	Employee	Employer	Dental Plus	Employee	Employer	Dental Plus
Employee	\$ 5.86	\$ 5.85	\$17.50	\$ 3.86	\$ 7.85	\$17.50	\$ 2.00	\$ 9.71	\$17.50
Employee/spouse	\$13.50	\$ 5.85	\$33.14	\$11.50	\$ 7.85	\$33.14	\$ 9.64	\$ 9.71	\$33.14
Employee/children	\$19.58	\$ 5.85	\$36.16	\$17.58	\$ 7.85	\$36.16	\$15.72	\$ 9.71	\$36.16
Full family	\$27.20	\$ 5.85	\$51.80	\$25.20	\$ 7.85	\$51.80	\$23.34	\$ 9.71	\$51.80

Long Term Care Monthly Premiums* - Option 1 (Disability)

Return of Contribution Excluded					Return of Contributions Included			
AGE	Per \$10	AGE	Per \$10		AGE	Per \$10	AGE	Per \$10
20	0.20	60	6.64		20	0.22	60	7.20
21	0.24	61	7.18		21	0.24	61	7.72
22	0.26	62	7.76		22	0.26	62	8.28
23	0.28	63	8.38		23	0.28	63	8.90
24	0.30	64	9.08		24	0.32	64	9.56
25	0.34	65	9.84		25	0.36	65	10.26
26	0.38	66	10.66		26	0.40	66	11.16
27	0.40	67	11.54		27	0.42	67	12.16
28	0.44	68	12.52		28	0.46	68	13.28
29	0.48	69	13.56		29	0.52	69	14.48
30	0.54	70	14.72		30	0.56	70	15.84
31	0.58	71	15.98		31	0.62	71	17.34
32	0.62	72	17.32		32	0.68	72	19.00
33	0.70	73	18.80		33	0.74	73	20.82
34	0.76	74	20.38		34	0.82	74	22.88
35	0.82	75	22.16		35	0.90	75	25.14
36	0.90	76	24.08		36	0.98	76	27.68
37	0.98	77	26.12		37	1.08	77	30.46
38	1.08	78	28.30		38	1.18	78	33.50
39	1.18	79	30.44		39	1.30	79	36.60
40	1.30	80	32.52		40	1.42	80	39.76
41	1.40	81	34.44		41	1.56	81	42.84
42	1.54	82	36.14		42	1.72	82	45.82
43	1.68	83	37.60		43	1.88	83	48.60
44	1.84	84	38.92		44	2.06	84	51.30
45	2.00	85	40.12		45	2.24	85	53.92
46	2.18	86	41.20		46	2.44	86	56.46
47	2.36	87	42.18		47	2.64	87	58.92
48	2.56	88	43.02		48	2.88	88	61.32
49	2.78	89	43.84		49	3.10	89	63.80
50	3.02	90+	44.66		50	3.36	90+	66.46
51	3.24				51	3.66		
52	3.52				52	3.94		
53	3.82				53	4.26		
54	4.14				54	4.62		
55	4.48				55	4.98		
56	4.84				56	5.38		
57	5.26				57	5.80		
58	5.68				58	6.24		
59	6.14				59	6.70		

*Includes an approximate one percent administrative fee for enrollees whose premiums are payroll- or pension-deducted.

Long Term Care Monthly Premiums* - Option 2 (Service Reimbursement)**

Return of Contribution Excluded					Return of Contributions Included			
AGE	Per \$10	AGE	Per \$10		AGE	Per \$10	AGE	Per \$10
20	0.28	60	5.02		20	0.28	60	5.14
21	0.28	61	5.52		21	0.30	61	5.66
22	0.30	62	6.06		22	0.32	62	6.22
23	0.34	63	6.70		23	0.34	63	6.86
24	0.36	64	7.40		24	0.36	64	7.54
25	0.38	65	8.06		25	0.38	65	8.22
26	0.40	66	8.90		26	0.42	66	9.10
27	0.44	67	9.90		27	0.46	67	10.16
28	0.48	68	10.70		28	0.50	68	11.00
29	0.54	69	11.60		29	0.56	69	11.96
30	0.58	70	12.62		30	0.58	70	13.04
31	0.62	71	13.76		31	0.64	71	14.28
32	0.68	72	15.04		32	0.70	72	15.68
33	0.72	73	16.44		33	0.74	73	17.26
34	0.78	74	18.02		34	0.80	74	19.06
35	0.84	75	19.78		35	0.88	75	21.08
36	0.90	76	21.74		36	0.92	76	23.38
37	0.98	77	23.94		37	1.00	77	26.04
38	1.04	78	26.34		38	1.06	78	29.00
39	1.10	79	28.92		39	1.14	79	32.26
40	1.18	80	31.48		40	1.20	80	35.62
41	1.24	81	33.80		41	1.28	81	38.80
42	1.32	82	36.02		42	1.36	82	42.00
43	1.40	83	38.44		43	1.46	83	45.60
44	1.48	84	40.60		44	1.54	84	49.14
45	1.58	85	42.46		45	1.66	85	52.48
46	1.68	86	44.54		46	1.74	86	56.34
47	1.78	87	46.30		47	1.84	87	60.02
48	1.90	88	47.74		48	1.98	88	63.56
49	2.04	89	48.94		49	2.12	89	66.96
50	2.16	90+	49.70		50	2.26	90+	69.80
51	2.32				51	2.40		
52	2.46				52	2.58		
53	2.70				53	2.80		
54	2.94				54	3.04		
55	3.20				55	3.30		
56	3.48				56	3.62		
57	3.82				57	3.94		
58	4.16				58	4.32		
59	4.58				59	4.72		

*Includes an approximate one percent administrative fee for enrollees whose premiums are payroll- or pension-deducted.

**Includes 50 percent home health care benefit payout.

Long Term Care Monthly Premiums* - Option 3 (Service Reimbursement)**

Return of Contribution Excluded					Return of Contributions Included			
AGE	Per \$10	AGE	Per \$10		AGE	Per \$10	AGE	Per \$10
20	0.42	60	6.90		20	0.42	60	7.06
21	0.44	61	7.56		21	0.44	61	7.76
22	0.46	62	8.32		22	0.46	62	8.48
23	0.48	63	9.18		23	0.50	63	9.34
24	0.52	64	10.14		24	0.52	64	10.30
25	0.56	65	11.00		25	0.58	65	11.18
26	0.60	66	12.14		26	0.62	66	12.36
27	0.66	67	13.48		27	0.68	67	13.76
28	0.72	68	14.58		28	0.72	68	14.90
29	0.78	69	15.78		29	0.80	69	16.20
30	0.84	70	17.14		30	0.86	70	17.62
31	0.90	71	18.66		31	0.92	71	19.26
32	0.98	72	20.34		32	1.00	72	21.08
33	1.06	73	22.20		33	1.10	73	23.16
34	1.14	74	24.30		34	1.18	74	25.50
35	1.24	75	26.56		35	1.28	75	28.14
36	1.32	76	29.18		36	1.36	76	31.18
37	1.40	77	32.06		37	1.44	77	34.62
38	1.48	78	35.20		38	1.54	78	38.48
39	1.60	79	38.56		39	1.66	79	42.70
40	1.70	80	41.88		40	1.76	80	47.04
41	1.82	81	44.92		41	1.88	81	51.18
42	1.92	82	47.84		42	1.98	82	55.34
43	2.04	83	50.94		43	2.10	83	59.98
44	2.14	84	53.70		44	2.22	84	64.42
45	2.28	85	55.90		45	2.34	85	68.50
46	2.40	86	58.56		46	2.48	86	73.40
47	2.54	87	60.78		47	2.62	87	78.10
48	2.70	88	62.62		48	2.80	88	82.62
49	2.90	89	64.22		49	2.98	89	87.00
50	3.08	90+	65.14		50	3.18	90+	90.64
51	3.26				51	3.38		
52	3.48				52	3.60		
53	3.80				53	3.92		
54	4.10				54	4.24		
55	4.46				55	4.62		
56	4.86				56	5.02		
57	5.30				57	5.46		
58	5.78				58	5.94		
59	6.32				59	6.48		

*Includes an approximate one percent administrative fee for enrollees whose premiums are payroll- or pension-deducted.

**Includes 100 percent home health care benefit payout.

Important numbers, addresses and Web sites

ASI
TRICARE Supplement
P.O. Box 2510
Rockville, MD 20847
Customer Service:
800-638-2610 ext 255
Fax 301-816-1125

AETNA
Long Term Care
Long Term Care, RT 52
151 Farmington Avenue
Hartford, CT 06156
Hotline:
800-537-8521
Fax 860-952-2024
www.aetna.com/group/southcarolina

APS HEALTHCARE INC.
State Mental Health and Substance Abuse
Claims, State of SC
P.O. Box 1307
Rockville, MD 20849
Customer Service:
800-221-8699
Fax 888-897-8931
www.apshealthcare.com
(password=statesc)

BLUECROSS BLUESHIELD OF SOUTH CAROLINA
State Health Plan Claims
P.O. Box 100605
Columbia, SC 29260-0605
Customer Service Center:
800-868-2520
803-736-1576
Fax 803-699-7675
State Health Plan Medi-Call
Blue Cross BlueShield of SC
AF 330
I-20 Alpine Road
Columbia, SC 29219
800-925-9724
803-699-3337
Fax 803-264-0183
State Dental Plan, Dental Plus
BlueCross BlueShield of SC
P.O. Box 100300
Columbia, SC 29202
Customer Service:
888-214-6230
Fax 803-419-3283
www.southcarolinablues.com

CIGNA HEALTHCARE HMO
P.O. Box 5200
Scranton, PA 18505-5200
Member Services:
800-244-6224
www.cigna.com

COMPANION HEALTHCARE HMO/POS
Member Services
P.O. Box 6170
AX-435
Columbia, SC 29260-6170
Member Services:
800-868-2528
803-786-8476

MUSC OPTIONS
Member Services
P.O. Box 6170
AX-435
Columbia, SC 29260-6170
Member Services:
800-821-3023
www.companionhealthcare.com

EMPLOYEE INSURANCE PROGRAM
P.O. Box 11661
Columbia, SC 29211-1661
Customer Service:
888-260-9430
803-734-0678
Retiree Billing:
803-734-1696
Fax 803-737-0825
www.eip.sc.gov

FRINGE BENEFITS MANAGEMENT COMPANY
MONEYPLU\$
P.O. Box 1878
Tallahassee, FL 32302-1878
3101 Sessions Road
Tallahassee, FL 32303
800-342-8017
Automated Information:
800-865-FBMC
Claims Fax 850-425-4608
Other Fax 850-425-6220
www.fbmc-benefits.com

MEDCO HEALTH PRESCRIPTION DRUG PROGRAM
Claims—Medco Health Prescriptions
P.O. Box 2277
Lee's Summit, MO 64063-2277
Customer Service:
800-711-3450
www.medcohealth.com

THE HARTFORD
Basic Life, Optional Life, Dependent Life
Benefits Management Services
(Death Claims/AD&D)
Medical Underwriting Dept.
Group Conversion Unit
P.O. Box 2999
Hartford, CT 06104-2999
Evidence of Insurability:
800-331-7234
Death Claims:
888-563-1124
Retiree Enrollment/Claims:
888-803-7346, ext 3648
Conversion:
800-548-5157

THE STANDARD INSURANCE
Basic Long Term Disability, Supplemental Long Term Disability
P.O. Box 2800
Portland, OR 97208
900 SW Fifth Avenue
Portland, OR 97204
Customer Service:
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Medical Evidence:
800-843-7979
Fax 800-437-0961
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